## SIGNATURE CARD

DEPOSITOR	
KENNETH L LAY LINDA P LAY 2121 KIRBY DR #137 HOUSTON TX 77019-0000	
ADDRESS	
2121 KIRBY DR #137	
HOUSTON TX 77019-0000	
MAILING ADDRESS (If different from above)	
Facsimile [ ] YES NO	
1. x MML X X X X X X X X X X X X X X X X X X	5.
DOB: 4/25/1992 SON: 490-44-1353	_
LINDA P LAX / 11065458 TV DOB: 3/24/1945 SSN: 579-58-0993	6.
3. <u>x</u>	7.
DOB: SSN:	•
4. <u>x</u>	8.
DOB: SSN:	
SIGNATURES - In consideration of Bank's agreement to open this account, and other value ret (including the reverse) and acknowledges receipt of this signature card and (if checked) \( \times \) Tra \( \times \) Transfer Discipling the reverse) and acknowledges receipt of this signature card and (if checked) \( \times \) Tra \( \times \) Transfer Discipling in the event of any conflict or separately receipted document shall govern and control. Depositor also authorizes Bank to check agrees to be bound by the terms and the provisions of the Arbitration Agreement in the Bank terms and conditions of all receipted documents with all terms and conditions stated on the reversand conditions of all receipted documents with all terms and conditions stated on the reversand to the provision of the provision of the provision of the provision of the provision and the provisions of the Arbitration Agreement in the Bank terms and conditions stated on the reversand and conditions stated on the reversal terms and conditions of the provisions of the provision of the provisions	osure — Ban inconsistency b k credit and em k's Ruies and F se hereof, are in he mail or
EXEMPT RECIPIENTS - I arm an exempt recipient under the Internal Reverage Service Regi	niamons.
$\overline{XX}$ BACKUP WITHHOLDING - I am not subject to backup withholding either because I have a notified that I am subject to withholding as a result of a failure to report all interest or dividently, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.	iot been. ie
NONRESIDENT ALIENS - I am not a United States person, or if I am an individual, I am retizzen nor a resident of the United States.	enther a
XX TAXPAYER I.D. NUMBER - My correct taxpayer kientification raimber (TIN) is:	
SIGNATURE - Signing below I certafy under penalties of persuas the statements checked on this s	Coron.
X JANUE WITHHOLDING CENTRACATION	
A A Address a continue cut factorities	

Houston, Texas 77227-7459

,	Member	FDIC	
CIF#	Account Number		Office/Officer
L041517	5569133		89 / WEJ
Opened By EXP002	Open Date 11/08/2001		Open Amount
Account Type PERSONAL P	REMIUM YI	ELD	ر قام
Ownership MULTI-PA	RTY ACCT	thout RIC	GHT OF SURVIVOR.
Employment 10738954 T			
Home Phone	Home Phone Business		Phone
Number of signa	ntures required	l for withd	trawal 1
DOB:		SSN:	
signer, the Dengstron (whe			and a thing

signer, the Depositor (whether one of the A. Disclosure A. Schedule of Fees and Charges ok rules and regulations — Any separate account agreement. The terms and conditions of between the terms of any separately receipted document and this Agreement, the term of the injuryment history should it deem necessary. Without limiting the foregoing, depositor Regulations Governing Accounts which is incorporated by referenced herein. The ncorporated by this reference.

Guda Hay

Special	Instructions

AGENTS ON FILE

RECEIVED

11/16/01P12:08

NOV 1 6 2001

Beneficiary Information

ETF-0381F-000027

SDS0348AP/A348003/AP0003/01

**GOVERNMENT EXHIBIT** 3691

EXH042-00229

Crim. No. H-04-25 (S-2)

LOUIS17

## CONVENIENCE ACCOUNT AGENCY AGREEMENT

It is the intention of the account holder ("Depositor"), whether one or more, by this agreement to establish and appoint the following individual as an AGENT of Depositor on the account with Southwest Bank of Texas, N.A. ("Bank"). It is understood that the Agent is authorized to transact business on the account identified below on behalf of Depositor (defined in Bank's Rules and Regulations Governing Accounts). The Depositor to the account owns the account. The Agent (cosigner) to the account may make account transactions for the Depositor. The Agent does not own the account. Any payment from the account to the Agent does not affect Depositor's ownership of the account. On the death of the Depositor, ownership of the account passes as a part of the Depositor's estate under the Depositor's will or by intestacy. The Depositor authorizes the Agent to sign checks and drafts on the account or otherwise, to receive information, statements, and canceled checks or drafts on the account, to eash checks drawn on the account or payable to the Depositor, to sign any document in connection with the account, and to dispose of and deal with the account and any monies on deposit therein, as freely and fully as the Depositor might do in person. The Depositor ratifies every such action that may be taken by each Agent and agrees that such authority shall not terminate upon disability or incompetence of the Depositor. This power of attorney is not affected by subsequent disability or incapacity of the Depositor. The authority granted may be revoked only by the Depositor's signed and acknowledged written revocation actually delivered to and signed for by an officer of the Bank, or by the qualification of a guardian of the estate of the Depositor, or by the death of the Depositor. The Depositor shall compensate, hold harmless and indemnify the Bank, and its directors, officers employees, agents, representatives and assigns, against all damages, loss, expense, attorney's fees, and liability of every nature incurred by the Depositor or the Bank because of any act or omission by the Agent, before or after termination of the Agent's authority under this agreement by operation of law or otherwise. Bank shall be entitled to act in good faith reliance on the power granted to Agent under this agreement until it has actual knowledge of Depositor's termination of the power by a signed and acknowledged written revocation, as set forth above, or until an officer of the Bank receives written notification of the qualification of a guardian of the estate of the Depositor. Agent agrees to immediately notify an officer of Bank, in writing, of the death of Depositor or the qualification of a guardian of the estate of Depositor. It is understood that this agreement shall be binding upon and inure to the benefit of the Depositor and the Bank and their respective heirs,

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Account Number to which this Agency Agreement applie	5569133	Effective Date:	11/09/01	
beau Herrold		Ellective Date:	17.101	•
Robert (Bo) R Harrold	<del></del>	_ 6/1	W	
Name of Agent 2001 Kirby Drive, Suite 1240		Signature of Agent		
Houston, TX 77019		07327	254	
Address of Agent	*	TDL # of Agent	737	
		.D.Z. Wigott	~/>	<del>,</del> _/
Kenneth L Lay	-	11/nr	UM	
Depositor's Name	*	Depositor s Signature		
Linda P LAy		( Che Z		
Depositor's Name	*	Depositor's Signature	The same	<del></del>
* All authorized signers on this account must sign this ag	reement	,	0	
STATE OF TEXAS, COUNTY OF MARKES				
				_
		th day of	November	199 Zoo (
Kayarthanahayana	_ Depositor/Principal.		>	-
ELEAZAR PEREZ JR.				
Notary Public. State of Texas	Notary P	ublic, State of Texas	<del>/</del>	-
My Commission Expires JUNE 30, 2005		mission Expires:	Vane 30, 20	25
N				•
STATE OF TEXAS, COUNTY OF				
This instrument was acknowledged before	me on this 10+	-h day o	[ November	2001 100 by
LINDA P. Lay	Depositor/Principal.		<u> </u>	, by
The same of the sa		7	'	
ELEAZAR PEREZ JR.	Norman D	- C - C - C - C - C - C - C - C - C - C		<del>-</del>
Notary Public, State of Targe of	My Comi	volic, State of Texas	Some 30, 20	005
My Commission Expires  ILINE 30, 2005	2007	TADOUT EXPINES.	<del></del>	•
Revocation of Agent			***	
The appointment of				
as my agent is hereby revoked.				
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Date	Depositor's Signatur	re	nie Ge In	厚同
			10)	_ []][
Date	Received/Acknowle	dged by	NOV 1 6 200	11 []]]
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